## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/06/08	Address:	Intersection
Case #:	<u>16-18204</u>		Meridian Rd. & Lovers Ln.
County:	<u>Mianii</u>		Peru, Indiana
Operation	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (concerning Contouristing Vehicle	check all that apply)  Hotel/Motel  Open No Structure  Other:
Items Found: Location (bedroom, kitchen, open air, etc)  (check all that apply)  Lithium/Ammonia Reaction(s):  Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:  ☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes 0   ☐ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log crehant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Peru F.D.	Fax: 765-4	
Health Dep	artment: Miami County	Fax: <u>765-4</u> Fax: <u>N/A</u>	73-0203
Child Prote	ection Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.